# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000020530

**FILED**
**Oct 28, 2008**
**Secretary of State**

**Entity Name:** PALM BEACH EXOTIC ORGANICS, LLC

**Current Principal Place of Business:**

11086 86 RD. N.
WEST PALM BEACH, FL 33412 US

**New Principal Place of Business:**

**Current Mailing Address:**

11086 86 RD. N.
WEST PALM BEACH, FL 33412 US

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KAPLAN, LILLIAN M
11086 86 RD. N.
WEST PALM BEACH, FL 33412 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: LILLIAN M KAPLAN
Electronic Signature of Registered Agent Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete
Name: KAPLAN, MATTHEW
Address: 11086 86 RD. N.
City-St-Zip: WEST PALM BEACH, FL 33412 US

Title: MGRM ( ) Delete
Name: KAPLAN, LILLIAN M
Address: 11086 86 RD. N.
City-St-Zip: WEST PALM BEACH, FL 33412 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MATTHEW KAPLAN PRES 10/28/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date